

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.
Applicant(s)

Filing Date

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.		DEP.		IND.			IND.		DEP.		IND.			
	1														
2															51
3		2													52
4		1													53
5		1													54
6		1													55
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12	1														61
13	1														62
14		2													63
15		1													64
16		1													65
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45															94
46															95
47															96
48															97
49															98
50															99
TOTAL REQ.	2														100
TOTAL OPT.	20														
TOTAL CLASSES	22														